

032904 17264 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

17513 U.S. PTO 10/811796 032904

Docket No. 1211-RE-DIV

Anticipated Classification of this application:  
Class Subclass

Prior application:  
Examiner John Wilson  
Art Unit 3732

THE COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a request for filing a [ ] continuation [X] divisional application under 37 CFR 1.60, of pending prior application Serial No. 09/845,599 filed April 26, 2001 of (date)

L. Stephen Buchanan  
(inventor currently of record in prior application)  
ENDODONTIC TREATMENT SYSTEM  
(title of invention)

- 1. [X] Enclosed is a copy of the prior application, including the oath or declaration as originally filed. (See ¶ No. 12 for declaration verifying it as a true copy.)
- 2. [ ] Prepare a copy of the prior application.
- 3. [X] The filing fee is calculated below:  
Claims as Filed in the Prior Application, Less Any Claims Cancelled by Amendment Below

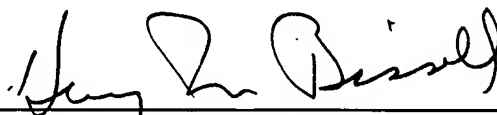
For	Number filed	Number extra	Rate	Basic Fee
				\$385.00
Total claims.....	33	-20=	13 X	\$18 = \$234.00
Independent claims...	3	- 3=	0 X	\$86 = - 0 -
Total filing fee.....				= \$619.00

- 4. [X] The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Acct. No. 02-2465. A duplicate copy of this sheet is enclosed.
- 5. [X] A check in the amount of \$ 619.00 (No. 9838) is enclosed.

6. ☒ Cancel in this application original claims 1-36 and 70 of the prior application before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)
7. ☒ Amend the specification by inserting before the first line the sentence: --This is a division of application Serial No. 09/845,599 filed April 26, 2001.--
8. ☒ New formal drawings are enclosed.
- 8a. ☐ Priority of application Ser. No. \_\_\_\_\_ filed on \_\_\_\_\_ in \_\_\_\_\_ is claimed under 35 U.S.C. 119. (country)
- ☐ The certified copy has been filed in prior application Ser. No. \_\_\_\_\_, filed \_\_\_\_\_.
9. ☐ The prior application is assigned of record to \_\_\_\_\_.
10. ☒ The power of attorney in the prior application is to  
Henry M. Bissell  
(name)  
19,200  
(registration number)  
6820 La Tijera Boulevard, Suite 106  
(street address)  
Los Angeles, California  
(city and state)
- a. ☒ The power appears in the original papers in the prior application.
- b. ☐ Since the power does not appear in the original papers, a copy of the power in the prior application is enclosed.
- c. ☒ Address all future communications to  
Henry M. Bissell  
6820 La Tijera Boulevard, Suite 106  
Los Angeles, California 90045  
(May only be completed by applicant, or attorney or agent of record.)
11. ☐ A preliminary amendment is enclosed. (Claims added by this amendment have been properly numbered consecutively beginning with the number next following the highest numbered original claim in the prior application.)
12. ☒ I hereby verify that the attached papers are a true copy of prior application Serial No. 09/845,599 as originally filed on April 26, 2001.  
(date)

The undersigned declare further that all statements made herein of his own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of the Title 18 of the United States Code and that willful false statements may jeopardize the validity of the application or any patent issuing thereon.

March 24, 2004  
(date)

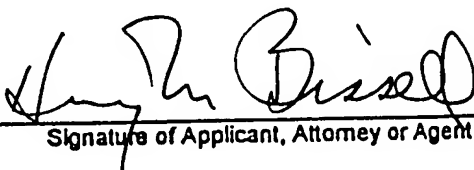
  
(signature)

Address of signator:

6820 La Tijera Boulevard, Suite 106  
Los Angeles, CA 90045

☐ Inventor(s)  
☐ Assignee of complete  
interest  
☒ Attorney or agent of  
record  
☐ Filed under § 1.34(a)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 1211-RE		
<b>Claims as Filed - Part 1</b>								
Claims In Patent	For	Number Filed In Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 36	Total Claims (37 CFR 1.16(f))	(B) 69	33 =	x \$		or	x \$18 = 594.00	
(C) 2	Independent Claims (37 CFR 1.16(f))	(D) 5	3 =	x \$			x \$80 = 240.00	
Basic Fee (37 CFR 1.16(h))					\$		\$710.00	
Total Filing Fee					\$	OR	\$1,544.00	
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(f))	---	MINUS	---	=	x \$		or	x \$
Independent Claims (37 CFR 1.16(f))	---	MINUS	---	=	x \$			x \$
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); If "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-2465</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,544.00</u> to cover the filing / additional fee is enclosed.</p>								
<p>April 26, 2001 Date</p>		<p> Signature of Applicant, Attorney or Agent of Record</p> <p>Henry M. Bissell Typed or printed name</p>						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (1-00)  
Approved for use through 09/30/00. OMB 0651-0033  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.	1211-RE
First Named Inventor	Buchanan, L.
Original Patent Number	5,897,316
Original Patent Issue Date (Month/Day/Year)	04/27/99
Express Mail Label No.	EJ028122605US

APPLICATION FOR REISSUE OF:  
(Check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS

1. ☒ \*Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.9 and 1.27.
3. ☒ Specification and Claims (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)  
Original U.S. Patent
6. ☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)  
or  
☐ Ribboned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
7. Original U.S. Patent currently assigned?  
☐ Yes ☒ No  
(If Yes, check applicable box(es))  
☐ Written Consent of all Assignees (PTO/SB/53 or 54)  
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

### ACCOMPANYING APPLICATION PARTS

8. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
9. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
10. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ Other: .....

### 14. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



or ☐ Correspondence address below

Name



Address

23711

City

PATENT TRADEMARK OFFICE

State

Zip Code

Country

Telephone

Fax

NAME (Print/Type)

Henry M. Bissell

Registration No. (Attorney/Agent)

19,200

Signature

*Henry M. Bissell*

Date

04/26/01

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Practitioner's Docket No. 1211-RE

**PATENT**

**REQUEST FOR TRANSFER OF DRAWINGS FROM ORIGINAL PATENT  
TO REISSUE APPLICATION**

Please transfer the drawings from original patent, 5,897,316, filed on  
April 28, 1994, for the invention entitled ENDODONTIC TREATMENT  
SYSTEM

to the reissue application, the specification of which:

☒ is attached hereto.

☐ was filed on \_\_\_\_\_, as reissue application num-  
ber /

  
Signature of practitioner

Date: April 26, 2001

Henry M. Bissell  
(type or print name of practitioner)

Reg. No.: 19,200

\_\_\_\_\_  
P.O. Address

Tel. No.



Customer No.:

**23711**

PATENT TRADEMARK OFFICE

Express Mail Label NO.: EJ028122605US

Request for Transfer of Drawings from Original Patent to Reissue Application [17-9]